

**MONTANA DEPARTMENT OF INSURANCE
2007 ANNUAL REPORT (Due March 1, 2008)
PURCHASING GROUPS**

Purchasing Group Name			Montana ID #
Mailing Address	City	State	Zip Code
Purchasing Group Phone Number	Purchasing Group Fax Number	Purchasing Group E-Mail Address	
Purchasing Group Contact Name		Purchasing Group FEIN Number	
Contact Mailing Address	City	State	Zip Code
Contact Phone Number	Contact Fax Number	Contact E-Mail Address	

PREMIUM REPORT – INFORMATIONAL PURPOSES ONLY

Name of Insurer(s) Providing Coverage to Purchasing Group	Licensed Montana Insurance Producers	Gross Direct Premiums Written in Montana

Total Purchasing Groups Number of Members in Montana: _____

Is the Insurer or Surplus Lines Producer identified above responsible for all premium tax that is to be paid to the State of Montana? Yes ___ No ___
(If no, complete the next two items below.)

If any premium tax has not been remitted by the Insurer or Surplus Lines Producer, who is the responsible party for the premium tax? (The Purchasing Group or the Individual Members)
Purchasing Group _____ Individual Members _____

List the name and amount of premium tax owed to the State of Montana by the Purchasing Group or Member(s). (Attach additional pages if necessary.)

Name	Amount of Premium	Tax Rate	Amount of Tax Owed
		2.75%	
		2.75%	

List the names and titles of any changes of the person(s) controlling the group:

The above statement is a true and correct report of premium written and premium taxes paid or owed pertaining to business transacted in Montana.

Name of Officer (Type or Print)

Title of Officer (Purchasing Group)

Signature of Officer

Date

Return Form by March 1, 2008 to: Tim Morris* State Auditors Office* Insurance Examination Division* 840 Helena Avenue* Helena, MT 59601
Phone (406) 444-4489* Fax (406) 444-3497* Forms may be faxed